

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of:

Thomas P. Foran

Serial No. 10/826,853

Filed: April 16, 2004

Title: OVERMOLDED VIAL
FOR USE WITH A LEVELRECEIVED
CENTRAL FAX CENTER

AUG 17 2005

Group Art Unit: 2859

Examiner: Tania C. Courson

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450AMENDMENT AND RESPONSE TO OFFICE ACTION

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action mailed on June 28, 2005, please consider the remarks that follow:

Amendment to the Claims is reflected in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 5 of this paper.

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/826,853
	Filing Date	April 16, 2004
	First Named Inventor	Thomas P. Foren
	Art Unit	2859
	Examiner Name	Tania C. Courson
Total Number of Pages in This Submission	Attorney Docket Number EMP-133US	


ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmitted Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Amendment Transmittal Letter Certificate of Facsimile
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Jansson, Shupe, Munger & Antaramian, Ltd. 245 Main Street, Racine, WI 53403		
Signature			
Printed name	Richard W. White		
Date	August 17, 2005	Reg. No.	50,601

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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. EMP-133US	
Applicant(s): Thomas P. Foran					
Application No. 10/826,853	Filing Date April 16, 2004	Examiner Tania C. Courson	Customer No. 24314	Group Art Unit 2859	Confirmation No. 2086
Invention: OVERMOLDED VIAL FOR USE WITH A LEVEL					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14	21	0	x \$25.00	\$0.00
INDEP. CLAIMS	2	4	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0270 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
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Richard W. White, Reg. No. 50,601 Jansson, Shup, Munger & Antaramian, Ltd. 245 Main Street Racine, WI 53403			CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on the date shown below: Name <u>Judith Muresh</u> Signature <u>Judith Muresh</u> Date <u>8/17/05</u>		
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Message: Re: Application [REDACTED]
Filing Date: April 16, 2004
First Named: Thomas P. Foran
Group Art Unit: 2859
Attorney Docket Number: EMP-133US

Please deliver this communication to
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2859. Thank you.

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